

033004
17157 U.S.P.T.O.

TRACKET NUMBER: 4590-059A
Prior Application: 09/692,295
Art Unit: 3661
Examiner: Nguyen Thu V.

228596 U.S.P.T.O.
10/812027
033004

REQUEST FORM FOR APPLICATION UNDER 37 CFR 1.53(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for filing a Continuation, application under 37 CFR 1.53(b) of pending prior U.S. Patent Application No. 09/692,295 filed on October 19, 2000, entitled PORTABLE VEHICLE NAVIGATION SYSTEM, by the following named inventor(s) Larry E. SPENCER, Mike MOUSER, Jeffrey A. MILLINGTON, Roger A. STEVENS; Christopher J. Hook:

1. I hereby state that the enclosed copy of this prior application is a true copy of the above-identified prior application.
2. Oath or Declaration
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
 - i. Deletion of inventor(s)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
3. Incorporation By Reference (useable if Box 2b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 2b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
4. Preliminary Amendment is enclosed.
5. An Information Disclosure Statement and PTO1449 Form are submitted herewith.
6. Cancel claims

7a. The filing fee is calculated on the basis of the claims existing in the prior application as amended at 4 and 6 above:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Total Claims	39	MINUS 20	19	x \$18 =	\$0.00
Independent Claims	6	MINUS 3	3	x \$84 =	\$0.00
Basic Application Fee					\$770.00
If multiple dependent claims are presented, add \$280.00					\$ 0.00
Total Application Fee					\$.00
Subtract 1/2 if small entity					
TOTAL APPLICATION FEE DUE					\$ 770.00
<input checked="" type="checkbox"/> CREDIT CARD AUTH. FORM	<input type="checkbox"/> CHECK	<input type="checkbox"/>	CHARGED TO DEPOSIT ACCOUNT NO. 07-1337		

- 7b. Applicant is entitled to small entity status under 37 CFR 1.9 and 37 CFR 1.27.
8. The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 which may be required, including any extension of time fees to maintain the pendency of the parent application No. 09/427,705 or credit any overpayment to Deposit Account No. 07-1337.
9. Amend the specification by inserting before the first line the sentence:
-- The present Application is a Continuation of Application Serial No. 09/692,295, filed on October 19, 2000, which in turn corresponds to U.S. Provisional Application No. 60/160,274 filed on October 19, 1999, and priority is hereby claimed under 35 USC §119 and 35 USC §120 based on these applications.
10. This application claims priority of U.S. Application Serial No. 09/692,295, filed on October 19, 2000 and U.S. Provisional Application No. 60/160,274 filed on October 19, 1999
11. The prior application is assigned of record to Magellan DIS, Inc.
12. The power of attorney in the prior application is to:

LOWE HAUPTMAN GILMAN & BERNER LLP.
13. Also enclosed:

5 pages of drawings.
14. A petition, fee and response has been filed to extend the term in the pending prior application until

Address all future communications to: (May only be completed by applicant, or attorney or agent of record)

LOWE HAUPTMAN GILMAN & BERNER, LLP
1700 Diagonal Road, Suite 300
Alexandria, Virginia 22314

Respectfully submitted,

LOWE HAUPTMAN GILMAN & BERNER, LLP


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KMB/iyr
Date: March 30, 2004

LOWE HAUPTMAN GILMAN & BERNER, LLP**PATENT**

Docket No. 11596-059 Serial No. 09/962,295 Patent No. _____

Date Filed/Issued: 10/15/00

Applicant(s) SPENCER

The Stamp of the U.S. Patent & Trademark Office acknowledges receipt of the following:

Acknowledgement, Req.	<input type="checkbox"/>	No Fee	\$ _____	IDS/Form 1449/Ref(s)	<input type="checkbox"/>	\$ _____	Issue Fee	<input type="checkbox"/>	\$ _____
Amendment/Response	<input type="checkbox"/>	\$ _____		Maintenance Fee	<input type="checkbox"/>	\$ _____	Missing Parts, Resp w/Dec.	<input type="checkbox"/>	\$ _____
Amendment After Final	<input type="checkbox"/>	\$ _____		Notice of Appeal	<input type="checkbox"/>	\$ _____	Oral Hearing, Req.	<input type="checkbox"/>	\$ _____
Appeal Brief (in Triplicate)	<input type="checkbox"/>	\$ _____		Power of Attorney	<input type="checkbox"/>	\$ _____	Priority Document(s)	<input type="checkbox"/>	No Fee
Assignment	<input type="checkbox"/>	\$ _____		No Fee	<input type="checkbox"/>	\$ _____	Refund, Req.	<input type="checkbox"/>	No Fee
Certificate of Correction	<input type="checkbox"/>	\$ _____		No Fee	<input type="checkbox"/>	\$ _____	Reply Brief (in Triplicate)	<input type="checkbox"/>	No Fee
Change of Address	<input type="checkbox"/>	No Fee		No Fee	<input type="checkbox"/>	\$ _____	Restriction/Election Response	<input type="checkbox"/>	No Fee
Claim of Priority	<input type="checkbox"/>	\$ _____		No Fee	<input checked="" type="checkbox"/>	\$ _____	Revoke Pwr Atty/New Appt.	<input type="checkbox"/>	No Fee
Corr. Not. of Recordation, Req.	<input type="checkbox"/>	No Fee		No Fee	<input type="checkbox"/>	\$ _____	Status Inquiry	<input type="checkbox"/>	No Fee
Declaration, Subst/Supp	<input type="checkbox"/>	No Fee		No Fee	<input type="checkbox"/>	\$ _____	Terminal Disclaimer	<input type="checkbox"/>	\$ _____
Drawing Revision, Req.	<input type="checkbox"/>	No Fee		No Fee			filed	<input type="checkbox"/>	Chrg to Dep. Acct. No. _____
Extension of Time, Petition	<input type="checkbox"/>	\$ _____		No Fee			Chrg to Dep. Acct. No. _____		Amount \$ _____
Filing Rcpt, Req for Corr	<input type="checkbox"/>	\$ _____		No Fee			Chrg to Dep. Acct. No. _____		Date: 4/17/03
Formal Dwggs (# of Shts)	<input type="checkbox"/>	No Fee		No Fee			Chrg to Dep. Acct. No. _____		Chrg to Dep. Acct. No. _____
CPA, Req. for (1.53(d) of S.N.)	<input type="checkbox"/>			No Fee			Chrg to Dep. Acct. No. _____		Amount \$ _____
Other	<input type="checkbox"/>			No Fee			Chrg to Dep. Acct. No. _____		Date: 4/17/03
	<input type="checkbox"/>			Credit card authorization form	<input type="checkbox"/>		Chrg to Dep. Acct. No. _____		Amount \$ _____
	<input type="checkbox"/>			Filed by: SMB	<input type="checkbox"/>		Chrg to Dep. Acct. No. _____		Date: 4/17/03

